



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**RB AN8514-1-4**  
**Job Sheet 170759**



Part No: RB AN8514-1-4

Job Qty: 1 ea

DAS  
21  
9-89

Part Name: Arm, Adjustable Spanner Wrench



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 1/19/18

Job Tracking No:

Due Date: 1/26/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG RB AN8514-1 Rev 4 IPP Rev A 18.01.18 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 1 Ea  |            | 1/25/18  | 0.00      | 0.00    | Start Up Waterjet     |           | OK 18/02/17 |
| 100   | Waterjet           | 1 pcs |            | 1/25/18  | 0.00      | 0.10    | Waterjet 2 OMAX       |           | OK 18/02/17 |
| 110   | QC                 | 1 pcs |            | 1/25/18  | 0.00      | 0.00    | QC2 Waterjet-4        |           | OK 18/02/17 |
| 120   | Mori Seiki         | 1 pcs |            | 1/26/18  | 0.00      | 1.00    | MORI NV5000-2         |           | OK 18/04/29 |
| 130   | QC                 | 1 pcs |            | 1/26/18  | 0.00      | 0.00    | QC2-2                 |           | OK 18/04/29 |
| 140   | QC                 | 1 pcs |            | 1/26/18  | 0.00      | 0.00    | QC8                   |           | OK 18-05-03 |
| 160   | Outsource          | 1 pcs |            | 1/26/18  | 0.00      | 0.00    | Outsource1            |           | OK 18-05-03 |
| 170   | Outsource          | 1 pcs |            | 1/26/18  | 0.00      | 0.00    | Outsource12           |           | OK 18-05-03 |
| 180   | Packaging          | 1 pcs |            | 1/26/18  | 0.00      | 0.00    | Packaging2            |           | OK 18-05-03 |
| 190   | QC                 | 1 pcs |            | 1/26/18  | 0.00      | 0.00    | QC6                   |           | OK 18-05-03 |
| 200   | Packaging          | 1 pcs |            | 1/26/18  | 0.00      | 0.00    | Packaging3-1          |           | OK 18-05-03 |
| 210   | QC21-SA            | 1 Ea  |            | 1/26/18  | 0.00      | 0.00    | QC21                  |           | OK 18-05-03 |

Part Op 100 - 1-Cut as per Dwg Dwg Rev: 4 Prog Rev: 4 2-Debur if necessary  
Descriptions: 120 - 1-Machine as per folio FB FOLIO REV: DWG REV: 9-2-Debur

3-Engrave # only using marktronic

160 - 1-Issue P/O to Metcore ; P/O 039796 RC 22-32 2-Bead blast 3- Certificate of Conformity is required

\*\*\*NOTE\*\*\* DROP SHIP TO FINISHER Metcore to ship directly to ATG

170 - -Issue P/O to Groupe Altech; PO 039893 -Black oxide finish MIL-C-13024C Class 1 -Certificate of Conformity is required

MUST BE RECALLED  
EFFECTIVE 10/25/18 AUTH 5

### Job BOM

RELEASED DATE  
FIRST TIME SUPPLY

| Part / Item        | Component Name               | Quantity          | Operation             | Container |
|--------------------|------------------------------|-------------------|-----------------------|-----------|
| M4140NB0.500X4.000 | 4140 Steel Bar 0.500 X 4.000 | .0400 ft (.04 ea) | 90-Start up Operation |           |

MT-4140-B-7

### Part Specifications

Specifications could not be found.

Plex 1/19/18 10:21 AM Dart.lajeunesse.marie

MT-4140-B-0.500X4.000  
S042421

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finish <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Proc/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                      | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| <div style="position: relative;"> <div style="position: absolute; top: 10px; left: 10px; font-size: 8px;">           DART Aerospace Ltd.<br/>           1270 Aberdeen Street<br/>           Newbury, OH 46417<br/>           CANADA<br/>           TEL: 1 813 632-5200<br/>           FAX: 1 813 632-5201<br/>           Email: sales@dartaero.com<br/>           www.dartaero.com         </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-45deg); font-size: 12px;"> <b>Container No: S043479</b><br/> <b>Part: RB AN8514-1-4</b><br/> <b>Job No: 170759</b><br/> <b>Serial No/Batch: S043479</b><br/> <b>Revision: RB AN8514-1</b><br/> <b>Inspector:</b> </div> <div style="position: absolute; top: 10%; right: 10%; font-size: 8px;">           Date: 02/17/18         </div> </div> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |

| Root Cause         |                          |                       |                          |
|--------------------|--------------------------|-----------------------|--------------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |
|                    |                          | OTHER : _____         |                          |

|                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|





DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

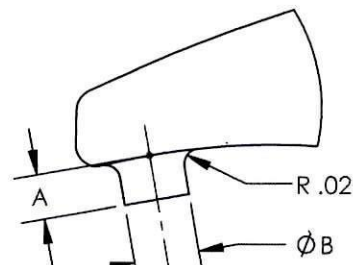
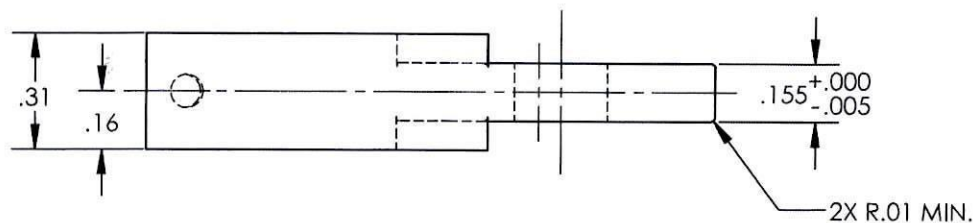
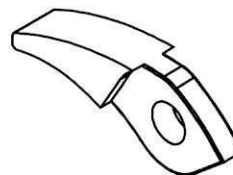
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |

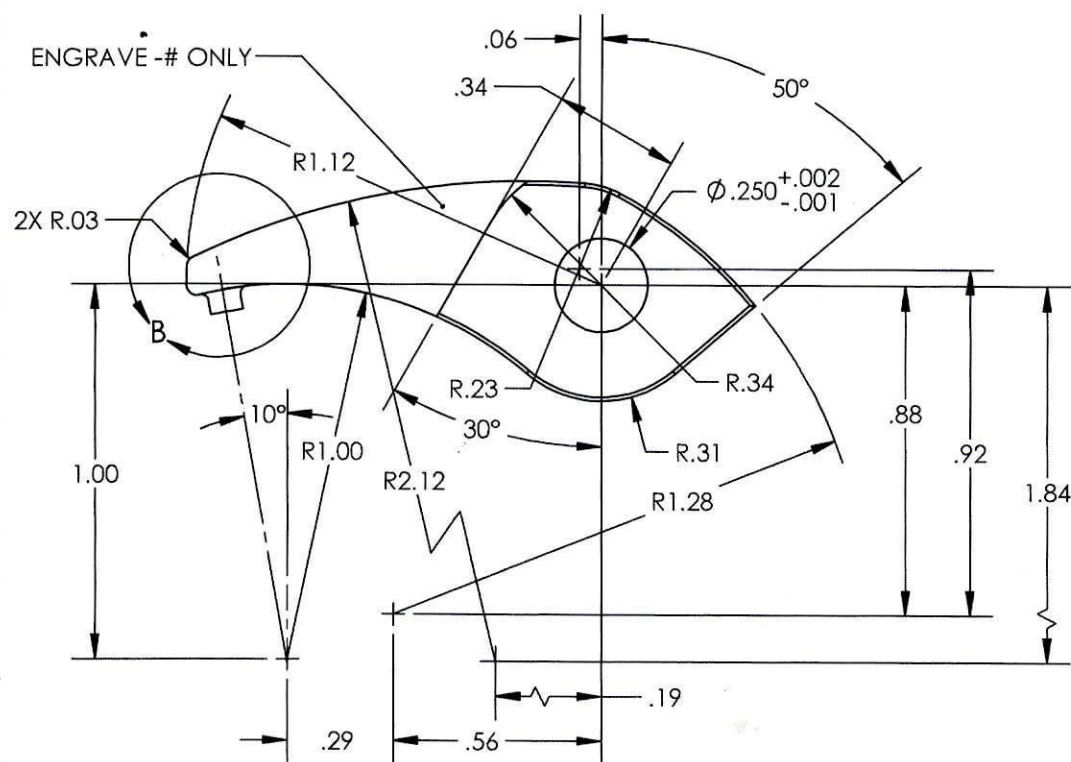
This drawing, specifications, and concepts contained here in are the sole property of Dart Aerospace, and may not be reproduced or used in any fashion without the prior written permission of Dart Aerospace Eugene, OR.

| REVISIONS |         |                                                                                        |           |         |          |
|-----------|---------|----------------------------------------------------------------------------------------|-----------|---------|----------|
| REV       | ECR     | DESCRIPTION                                                                            | DATE      | INITIAL | APPROVED |
| B         |         | CH'D ENGRAVE NOTES.                                                                    | 8/3/2009  | RJC     | RW       |
| C         |         | ADDED MISSING DIMS, CH'D SOME DIM PRECISION TO MATCH INFO REC'D. ADDED TABLE.          | 1/10/2011 | RJC     | SE       |
| 4         | 16-0046 | -4 CH'D MAT'L WAS 4140 IS 4140/4142, DELETED .077 ±.005, ADDED MISSING DIMS 1.84, .29. | 3/1/2016  | RJC     | JAG      |



DETAIL B  
SCALE 4 : 1

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 170755  
MLJ  
1801-19



(-4) (-5) (-6)

ARM

| AN P/N      |             | DIMENSION |           |
|-------------|-------------|-----------|-----------|
|             |             | A ±.005   | Ø B ±.003 |
| RB AN8514-4 | .09 PIN ARM | .060      | .089      |
| RB AN8514-5 | .12 PIN ARM | .120      | .121      |
| RB AN8514-6 | .19 PIN ARM | .190      | .183      |

|                                           |                                                        |
|-------------------------------------------|--------------------------------------------------------|
| <b>DART</b><br>AEROSPACE                  |                                                        |
| TITLE<br><b>ADJUSTABLE SPANNER WRENCH</b> |                                                        |
| DWG NO.<br><b>RB AN8514-1-4</b>           | REV<br><b>4</b>                                        |
| MAT'L 4140/4142                           | UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES |
| HEAT TREAT RC 22-32                       | .XXX ± .005 FRACTIONS ± 1/8                            |
| FINISH BLACK OXIDE                        | .XX ± .01 ANGLES ± 5°                                  |
| SPEC QMSI-6.2.2 REV D                     | .X ± .1 SURFACES = 125/✓                               |
| DRAWN BY: COLE                            | 1. BREAK ALL SHARP EDGES<br>.015 x 45° OR .015R        |
| CHECKED: DUERFELDT                        | 2. DIMENSIONAL LIMITS APPLY<br>AFTER PLATING           |
| OPPS APPR: ANDERSON                       | 3. INTERPRET DIM AND TOL PER<br>ASME Y14.5M-2009       |
| QA APPR: LINDSAY                          | USED ON MODEL                                          |
| APPROVED: GILBERT                         | BELL 212, 230, 407, 412, 430                           |
| SCALE 2:1                                 | DATE 6/26/2000                                         |
| SHEET 4 OF 5                              |                                                        |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                     |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                     |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                     |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                     |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                     |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                                                                                                                                                     |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO039796**

**Supplier:** ATL002-VC  
Atlantic Heat Treat 2001  
401 Frankcom  
Ajax  
ON  
L1S R14 Canada  
Phone: 866 257 6395

**PO No:** PO039796  
**PO Date:** 5/4/18  
**Due Date:** 5/11/18  
**Purchase Order**  
**Revision:**  
**Revision Date:**  
**Ship-To Contact:** Tsimiklis, ChrisoulaPhone:

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**Pymt Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

## Items

| Line Item | Job    | Part          | Description                                                                                                                                                                                                                                                                                                                                              | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|-----------|--------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------------|-------------------|---------|------------------|----------------|
| 1         | 171227 | C45-15-6      | Bushing, Lifting<br>1--Issue P/O to ATLANTIC HEAT TREAT; P/O _____: HEAT TREAT TO RC 44-46, BEAD BLAST AFTER HEAT TREAT<br><br>***NOTE*** DROP SHIP TO FINISHER<br><br>ATLANTIC HEAT TREAT to ship directly to Groupe Altech<br>-Material:4140                                                                                                           | Firmed | 5/11/18  | 10 pcs         | 0 pcs<br>10x      | 10 pcs  | \$6.50/pcs       | \$65.00        |
| 2         | 170757 | RB AN8514-1-2 | Wrench Handle<br>1--Issue P/O to ATLANTIC HEAT TREAT; P/O _____<br>RC 22-32<br>2-Bead blast<br>3-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III<br>Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Certificate of Conformity is required<br>-Material:4140 | Firmed | 5/11/18  | 3 pcs          | 0 pcs<br>3x       | 3 pcs   | \$25.00/pcs      | \$75.00        |



| Items     |        |               |                                                                                                                                                                                                                                                                                                                                                                           |        |          |                |                   |         |                  |                |
|-----------|--------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------------|-------------------|---------|------------------|----------------|
| Line Item | Job    | Part          | Description                                                                                                                                                                                                                                                                                                                                                               | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
| 3         | 170763 | RB AN8514-1-7 | Arm, Adjustable Spanner Wrench<br>1-Issue P/O to ATLANTIC HEAT TREAT; P/O _____<br>RC 22-32<br>2-Bead blast<br>3-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III<br>Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Certificate of Conformity is required<br>-Material:4140  | Firmed | 5/11/18  | 2 pcs          | 0 pcs<br>2x       | 2 pcs   | \$107.25/pcs     | \$214.50       |
| 4         | 175814 | RB AN8515-1-2 | Handle<br>1-Issue P/O to ATLANTIC HEAT TREAT; P/O _____<br>RC 22-32<br>2-Bead blast<br>3-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III<br>Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Certificate of Conformity is required<br>-Material:4140                          | Firmed | 5/11/18  | 3 pcs<br>1     | 0 pcs<br>3x       | 3 pcs   | \$25.00/pcs      | \$75.00        |
| 5         | 175815 | RB AN8515-1-4 | Issue P/O to ATLANTIC HEAT TREAT; P/O _____ RC 22-32 2-Bead blast 3-Black oxide finish, MIL-C-13924C Class 1 -Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III Or MILL-C23411A or MIL-PRF-81309 and wipe off excess. - Certificate of Conformity is required -Material:4140                                                          | Firmed | 5/11/18  | 4 pcs          | 0 pcs<br>4x       | 4 pcs   | \$18.75/pcs      | \$75.00        |
| 6         | 170759 | RB AN8514-1-4 | Arm, Adjustable Spanner Wrench<br>1-Issue P/O to ATLANTIC HEAT TREAT ; P/O _____<br>RC 22-32<br>2-Bead blast<br>3-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III<br>Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Certificate of Conformity is required<br>-Material:4140 | Firmed | 5/11/18  | 3 pcs<br>1     | 0 pcs<br>3x       | 3 pcs   | \$25.00/pcs      | \$75.00        |

DAS  
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# Atlantic Heat Treating (2001) Ltd Certification

Order No.: 154791  
Date: 14/05/2018  
Entry Date: 11/05/2018  
Page: 1 of 1

To:  
DART AEROSPACE LTD.  
1270 ABERDEEN ST

Purchase Order No.: PO39796  
Packing List No.:

HAWKESBURY ON K6A 1K7

Material: 4140

We are pleased to provide you with the following Certificate of Compliance.

| Quantity | Part Number / Part Name / Part Description                                        | Pounds |
|----------|-----------------------------------------------------------------------------------|--------|
| 3        | 3 PCS MATERIAL 4140<br>HARDEN TO 22-32 RC<br>SANDBLAST C OF C PART# RB SN8514-1-4 | 1      |

| Insp. Type | Scale | Minimum | Maximum | Number | Other |
|------------|-------|---------|---------|--------|-------|
|------------|-------|---------|---------|--------|-------|

## Customer Requirements:

Harden rockwell

## Results:

Harden ROCKWE 22. 32. 30. tested as per sampling plan  
heated 30rc harden as per cust requested

STATEMENT OF LIMITED LIABILITY (PLEASE READ CAREFULLY) ALL WORK IS ACCEPTED SUBJECT TO THE FOLLOWING CONDITIONS. It is recognized that even after employing all the scientific methods known to us, hazards still exist in metal treating. THEREFORE, OUR LIABILITY SHALL NOT EXCEED TWICE THE AMOUNT OF OUR CHARGES FOR THE WORK DONE ON ANY MATERIAL (FIRST TO REIMBURSE FOR THE CHARGES AND SECOND TO COMPENSATE IN THE AMOUNT OF THE CHARGES), EXCEPT BY WRITTEN AGREEMENT SIGNED BY THE METAL TREATER. THE CUSTOMER BY CONTRACTING FOR METAL TREATMENT, AGREES TO ACCEPT THE LIMITS OF LIABILITY AS EXPRESSED IN THIS STATEMENT TO THE EXCLUSION OF ANY AND ALL PROVISIONS AS TO LIABILITY ON THE CUSTOMER'S OWN INVOICES, PURCHASE ORDERS OR OTHER DOCUMENTS. IF THE CUSTOMER DEEMED HIS OWN PROVISIONS AS TO LIABILITY TO REMAIN IN FORCE AND EFFECT, THIS MUST BE AGREED TO IN WRITING, SIGNED BY AN OFFICER OF THE TREATER. IN SUCH EVENT, A CORRESPONDING CHARGE FOR OUR SERVICES REFLECTING THE HIGHER RISK TO TREATER, SHALL BE DETERMINED BY THE TREATER AND CUSTOMER. THE TREATER MAKES NO EXPRESS OR IMPLIED WARRANTIES AND SPECIFICALLY DISCLAIMS ANY IMPLIED WARRANTY OF THE FITNESS FOR A PARTICULAR PURPOSE OR MERCHANTABILITY, AS TO THE PERFORMANCE CAPABILITIES OF THE MATERIAL AS HEAT TREATED, OR THE HEAT TREATMENT. THE FOREMENTIONED LIMITATION OF LIABILITY STATED ABOVE IS SPECIFICALLY IN LIEU OF ANY EXPRESS OR IMPLIED WARRANTY, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS, AND OF ANY OTHER SUCH OBLIGATION ON THE PART OF THE TREATER. No claim for shortage in weight or weight loss will be entertained unless presented within five (5) working days after receipt of materials by customer. No claim will be allowed for damage, expense, deformation, or rupture of material in treating or straightening, except by prior written agreement, as above, nor in any case for rupture caused by or causing during subsequent grinding. Whenever we are given material with detailed instructions as to treatment, our responsibility shall end with the carrying out of those instructions. Failure by a customer to indicate plainly and correctly the kind of material (i.e., proper alloy designation) to be treated, shall cause an extra charge to be made to cover any additional expense incurred as a result thereof, but shall not change the limitation of liability stated above. Customer agrees there will be no liability on the treater in contract for any special, indirect or consequential damages arising whatsoever, including but not limited to personal injury, property damage, loss of profits, loss of production, recall or any other losses, expenses or liabilities allegedly occasioned by the work performed on the part of the treater. It shall be the duty of the customer to inspect the merchandise immediately upon its return, and in any event claims must be reported prior to the time any further processing, assembling or any other work undertaken. OUR LIABILITY TO OUR CUSTOMERS SHALL CEASE ONCE ANY FURTHER PROCESSING, ASSEMBLING OR ANY OTHER WORK HAS BEEN UNDERTAKEN ON SAID MATERIAL. No agent or representative is authorized to alter the above conditions, except by writing duly signed by an officer or treasurer.

DAS  
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9-89

  
KEANE SHEPHERD  
QUALITY CONTROL  
ATLANTIC HEAT TREATING 2001 LTD



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER

## PO039893

**Supplier:** GRO002-VC  
Group Altech  
2455 Halpern  
St Laurent  
QC  
H4S 1N9 Canada  
Phone: 514-335-3666  
Fax: 514-335-3868

**PO No:** PO039893  
**PO Date:** 5/14/18  
**Due Date:** 5/16/18  
**Purchase Order**  
**Revision:**  
**Revision Date:**  
**Ship-To Contact:** Tsimiklis, ChrisoulaPhone:

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**Via:** Ground  
**Pynt Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

### Items

| Line Item | Job    | Part                | Description                                                                                                                                                                                                                                                                                | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|-----------|--------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------------|-------------------|---------|------------------|----------------|
| 1         | 173856 | RBE350A93-3303-02-1 | Receiver<br>Issue P/O to Groupe Altech;<br>PO _____<br>-Black oxide finish, MIL-C-13924C Class 1<br>-Certificate of Conformity is required                                                                                                                                                 | Firmed | 5/16/18  | 10 pcs         | 0 pcs<br>10x      | 10 pcs  | \$5.41/pcs       | \$54.10        |
| 2         | 173891 | RBE350A93-3303-02-3 | Extractor<br>Issue P/O to Groupe Altech;<br>PO _____<br>-Black oxide finish, MIL-C-13924C Class 1<br>-Certificate of Conformity is required                                                                                                                                                | Firmed | 5/16/18  | 10 pcs         | 0 pcs<br>10x      | 10 pcs  | \$2.65/pcs       | \$26.50        |
| 3         | 175521 | RBT18635-5          | Rod<br>-Issue P/O to Groupe Altech;<br>PO _____<br>-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III<br>Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Certificate of Conformity is required  | Firmed | 5/16/18  | 5 pcs          | 0 pcs<br>5x       | 5 pcs   | \$2.05/pcs       | \$10.25        |
| 4         | 175524 | RBT18635-9          | Spud<br>-Issue P/O to Groupe Altech;<br>PO _____<br>-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III<br>Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Certificate of Conformity is required | Firmed | 5/16/18  | 5 pcs          | 0 pcs<br>5x       | 5 pcs   | \$2.40/pcs       | \$12.00        |

Plex 5/15/18 4:14 PM dart.tsimiklis.chrisoula



| Items      |        |               |                                                                                                                                                                  |        |          |                |                   |         |                  |                |
|------------|--------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------------|-------------------|---------|------------------|----------------|
| Line Item  | Job    | Part          | Description                                                                                                                                                      | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
| 5          | 173776 | RB T101530-11 | Bearing Roll Stake Roller<br>-Issue P/O to Groupe Altech: P/O<br><br>-Zinc plate, ASTM B633 TYPE 2 SC2<br>-Color BLACK<br>-Certificate of Conformity is required | Firmed | 5/16/18  | 5 pcs          | 0 pcs             | 5 pcs   | \$15.00/pcs      | \$75.00        |
|            | 176770 |               |                                                                                                                                                                  | Firmed | 5/16/18  | 5 pcs          | 0 pcs             | 5 pcs   | \$15.00/pcs      | \$75.00        |
| Sub Total: |        |               |                                                                                                                                                                  |        |          | 10             | 0                 | 10      |                  | \$150.00       |

|    |        |               |                                                                                                                                                                                                                                         |        |         |        |       |        |             |          |
|----|--------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------|-------|--------|-------------|----------|
| 6  | 170761 | RB AN8514-1-5 | 3-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III<br>Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Certificate of Conformity is required | Firmed | 5/16/18 | 3 pcs  | 0 pcs | 3 pcs  | \$2.00/pcs  | \$6.00   |
| 7  | 171227 | C45-15-6      | Bushing, Lifting<br>ISSUE P/O TO GROUPE ALTECH:<br>QQ-N-290, CLASS 2 GRADE E OR F.<br>NICKEL PLATE TO .0004-.0006 C OF C IS REQUIRED                                                                                                    | Firmed | 5/16/18 | 10 pcs | 0 pcs | 10 pcs | \$12.00/pcs | \$120.00 |
| 8  | 175845 | RB AN8515-1-7 | 3-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III<br>Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Certificate of Conformity is required | Firmed | 5/16/18 | 4 pcs  | 0 pcs | 4 pcs  | \$2.00/pcs  | \$8.00   |
| 9  | 175816 | RB AN8515-1-5 | 3-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III<br>Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Certificate of Conformity is required | Firmed | 5/16/18 | 4 pcs  | 0 pcs | 4 pcs  | \$2.50/pcs  | \$10.00  |
| 10 | 170759 | RB AN8514-1-4 | 3-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III<br>Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Certificate of Conformity is required | Firmed | 5/16/18 | 3 pcs  | 0 pcs | 3 pcs  | \$1.80/pcs  | \$5.40   |



## Certificat de Conformité / Certificate of Compliance

(009320-1)

2455, Rue Halpern | Saint-Laurent | Québec | H4S 1N9  
 Tel: 514-335-3666 Fax: 514-335-3868  
 www.groupaltech.com

## Bon de Livraison / Packing Slip

009320 - 1

Livré à / Ship to

**DART AEROSPACE LTD**  
 1270 ABERDEEN STREET  
 HAWKESBURY, ON, K6A1K7  
 CANADA  
 Tel.: 613-632-5200 Fax.:

Client / Customer:

**DART AEROSPACE LTD**  
 1270 ABERDEEN STREET  
 HAWKESBURY, ON, K6A1K7  
 CANADA  
 BUYER:

| Date expédition<br>Ship date |                                                                            | Créé Par<br>Generated By                                                                                                                  | Transport / No de Compte<br>Courier / Acc. No. | Bon de commande Client<br>Customer Purchase Order No. |                 |                   |               |                        |
|------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------|-----------------|-------------------|---------------|------------------------|
| 16-May-2018                  |                                                                            | Aman                                                                                                                                      |                                                | 039893                                                |                 |                   |               |                        |
| #Ligne<br>Line#              | No. de Série / # Pièce<br>Part Number / Line Item Details<br>Job # / Ref # | Description pièce(s)                                                                                                                      | CATG.<br>U/M                                   | Quantités / Quantities                                |                 |                   |               |                        |
|                              |                                                                            |                                                                                                                                           |                                                | Comm.<br>/Ordered                                     | Exp/<br>Shipped | Qté NC/<br>NC Qty | Qté<br>Scrap/ | À venir/<br>Back Order |
| 1                            | RBE350A93-3303-02-1<br>Rev.                                                | RBE350A93-3303-02-1<br>01-BLACK OXIDE FINISH M MIL-C-13924C, CLASS 1                                                                      | BLACK-OXIDE<br>CH                              | 10                                                    | 10              | 0                 | 0             | 0                      |
| 2                            | RBE350A93-3303-02-3<br>Rev.                                                | RBE350A93-3303-02-3<br>01-BLACK OXIDE MIL-C-13942C, CLASS 1                                                                               | BLACK-OXIDE<br>CH                              | 10                                                    | 10              | 0                 | 0             | 0                      |
| 3                            | RBT18635-5<br>Rev.                                                         | RBT18635-5<br>01-BLACK OXIDE MIL-DTL-13924C CLASS 1<br>APPLY THIN LAYER OF OIL<br>MIL-PRF-16173 GRADE 3 CLASS 1<br>WIPE OFF EXCESS OIL    | BLACK-OXIDE<br>CH                              | 5                                                     | 5               | 0                 | 0             | 0                      |
| 4                            | RBT18635-9<br>Rev.                                                         | RBT18635-9<br>01-BLACK OXIDE MIL-DTL-13924C CLASS 1<br>APPLY THIN LAYER OF OIL<br>MIL-PRF-16173 GRADE 3 CLASS 1<br>WIPE OFF EXCESS OIL    | OXIDE-BLACK<br>CH                              | 5                                                     | 5               | 0                 | 0             | 0                      |
| 6                            | RB AN8514-1-5<br>Rev.                                                      | RB AN8514-1-5<br>01-BLACK OXIDE MIL-DTL-13924C CLASS 1<br>APPLY THIN LAYER OF OIL<br>MIL-PRF-16173 GRADE 3 CLASS 1<br>WIPE OFF EXCESS OIL | BLACK-OXIDE<br>CH                              | 3                                                     | 3               | 0                 | 0             | 0                      |
| 8                            | RB AN8515-1-7<br>Rev.                                                      | RB AN8515-1-7<br>01-BLACK OXIDE MIL-DTL-13924C CLASS 1<br>APPLY THIN LAYER OF OIL<br>MIL-PRF-16173 GRADE 3 CLASS 1<br>WIPE OFF EXCESS OIL | OXIDE-BLACK<br>CH                              | 4                                                     | 4               | 0                 | 0             | 0                      |
| 9                            | RB AN8515-1-5<br>Rev.                                                      | RB AN8515-1-5<br>01-BLACK OXIDE MIL-DTL-13924C CLASS 1<br>APPLY THIN LAYER OF OIL<br>MIL-PRF-16173 GRADE 3 CLASS 1<br>WIPE OFF EXCESS OIL | BLACK-OXIDE<br>CH                              | 4                                                     | 4               | 0                 | 0             | 0                      |
| 10                           | RB AN8514-1-4<br>Rev.                                                      | RB AN8514-1-4<br>01-BLACK OXIDE MIL-DTL-13924C CLASS 1<br>APPLY THIN LAYER OF OIL<br>MIL-PRF-16173 GRADE 3 CLASS 1<br>WIPE OFF EXCESS OIL | BLACK-OXIDE<br>CH                              | 3                                                     | 3               | 0                 | 0             | 0                      |
| 11                           | RB AN8515-1-2<br>Rev.                                                      | RB AN8515-1-2<br>01-BLACK OXIDE MIL-DTL-13924C CLASS 1                                                                                    | BLACK-OXIDE<br>CH                              | 3                                                     | 3               | 0                 | 0             | 0                      |

DAS  
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9-89





# Certificat de Conformité / Certificate of Compliance

(009320-1)

2455, Rue Halpern | Saint-Laurent | Québec | H4S 1N9  
 Tel: 514-335-3666 Fax: 514-335-3868  
 www.groupaltech.com

## Bon de Livraison / Packing Slip

### 009320 - 1

Livré à / Ship to

**DART AEROSPACE LTD**

1270 ABERDEEN STREET

HAWKESBURY, ON, K6A1K7

CANADA

Tel.: 613-632-5200 Fax.:

Client / Customer:

**DART AEROSPACE LTD**

1270 ABERDEEN STREET

HAWKESBURY, ON, K6A1K7

CANADA

BUYER:

| Date expédition<br>Ship date |                                                           | Créé Par<br>Generated By                                                                                                                   | Transport / No de Compte<br>Courier / Acc. No. | Bon de commande Client<br>Customer Purchase Order No. |                 |                   |               |                        |
|------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------|-----------------|-------------------|---------------|------------------------|
| 16-May-2018                  |                                                           | Aman                                                                                                                                       |                                                | 039893                                                |                 |                   |               |                        |
| #Ligne<br>Line#              | No. de Série / # Pièce<br>Part Number / Line Item Details | Description pièce(s)                                                                                                                       | CATG.<br>U/M                                   | Comm.<br>/Ordered                                     | Exp/<br>Shipped | Qté NC/<br>NC Qty | Qté<br>Scrap/ | À venir/<br>Back Order |
| 12                           | RB AN8515-1-6<br>Rev.                                     | RB AN8515-1-6<br>01 -BLACK OXIDE MIL-DTL-13924C CLASS 1<br>APPLY THIN LAYER OF OIL<br>MIL-PRF-16173 GRADE 3 CLASS 1<br>WIPE OFF EXCESS OIL | BLACK-OXIDE<br>CH                              | 4                                                     | 4               | 0                 | 0             | 0                      |
| 13                           | RB AN8515-1-4<br>Rev.                                     | RB AN8515-1-4<br>01 -BLACK OXIDE MIL-DTL-13924C CLASS 1<br>APPLY THIN LAYER OF OIL<br>MIL-PRF-16173 GRADE 3 CLASS 1<br>WIPE OFF EXCESS OIL | BLACK-OXIDE<br>CH                              | 4                                                     | 4               | 0                 | 0             | 0                      |
| 15                           | RB AN8514-1-6<br>Rev.                                     | RB AN8514-1-6<br>01 -BLACK OXIDE MIL-DTL-13924C CLASS 1<br>APPLY THIN LAYER OF OIL<br>MIL-PRF-16173 GRADE 3 CLASS 1<br>WIPE OFF EXCESS OIL | BLACK-OXIDE<br>CH                              | 3                                                     | 3               | 0                 | 0             | 0                      |

Notes Additionnelles / Additional Notes

Epaisseur réelle  
Actual Thickness

Inspecteur Qualité  
Quality Inspector

Réçu par  
Received By

Nous certifions que les pièces énumérées ci-dessus ont été traitées en conformité avec votre commande et vos spécifications et rencontrent les exigences.  
 Notre responsabilité financière et légale ne sera pas supérieure au montant de la facture issue.

We hereby certify that the parts listed above have been process in accordance with your purchase order and specifications and are in conformance with your requirements.  
 Our financial and legal responsibility will not be higher than the amount of invoice.